PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless corrects maintenance fee notifica	ed below or directed oth	or transmitting the ISSU ig the Patent, advance of serwise in Block 1, by (a	UE FEE and PUBLICAT rders and notification of a specifying a new corre	ION FEE (if requimaintenance fees waspondence address;	red). Bloc ill be mai and/or (b	cks 1 through 5 should be controlled to the current condition indicating a separate	ould be completed where orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
STERNE, KES 1100 NEW YOR WASHINGTON	C. I he	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
					-		(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R .	ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
09/813,420	3,420 03/20/2001		Stephen Allott		1875.8080000		2396	
TITLE OF INVENTION: DC OFFSET CORRECTION FOR USE IN A DIRECT-CONVERSION RADIO ARCHITECTURE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE 1	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J				
BHATTACHARYA, SAM 1. Change of correspondence address or indication of '		2617	455-304000 2. For printing on the					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent atte listed, no name will be	1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.				
PLEASE NOTE: Unitecordation as set fort (A) NAME OF ASSIGN	less an assignee is ident h in 37 CFR 3.11. Comp GNEE		data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Irvine, CA					
Broadcom Corporation Irvine, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) are submitted: Let Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 3 (\$9.00)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0030 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature			Date 2/13/09					
Typed or printed name Robert Sokohl				Registration No. 36,013				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Hexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								